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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	08/971,524
	Filing Date	November 17, 1997
	First Named Inventor	Ray D. Kanter
	Art Unit	1772
	Examiner Name	N. Ahmad
	Attorney Docket Number	130625-1001

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 32914
☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:
32914

OR

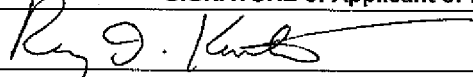
☐ Firm or  
Individual Name

Address				
City				
Country	State		Zip	
Telephone	Email			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Ray D. Kanter		
Date	<span style="border: 1px solid black; padding: 0 20px;">04/16/08</span>	Telephone	(210) 493-8333

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: 4/17/08Signature:  (Deborah Foots)